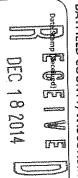
SUSMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Permit #: Refund: Amount Paid: 1/3-29-14 1/1-68-19

Bayfield Co. Zoning Dep

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent)	Section 31 , Township 47 N, Range 8 W	1/4,1/4 Gov't Lot Lot(s)	PROJECT LOCATION Legal Description: (Use Tax Statement)	Authorized Agent: (Person signing Application on Benaji of Owner(9))	0		e S. Mellum	TYPE OF PERMIT REQUESTED— X LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE Owner's Name: City/State/Zip: 人ろん	DO NOT START CONSTRUCTION UNTIL ALL PERINTS HAVE BEEN 1930ED TO REFERENCE
er, Stream (ind. intermittent) Distance Structure is from Shoreline:	W From River	CSM Vol & Page Lot(s) No. Block(s) No.	52 / Ballotts Squights Squigh	388	Contractor Phone: 746-3373 Agent Mailing Address (include City/State/Zip):	From River, WI 54847	5700 York Hurs Eding MN 2641	IITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECI Mailing Address: City/State/Zip:	To the Contract of the Contrac
Is Property in	Lot Size Acreage 5.53	Allisons Hores	Recorded Document: (i.e. Property Ownership) Volume 533 Page(s) 189	.			3641 303-6218	1/0 − 10 −	
Are Wetlands	نو		- School Company	o	orization	6 .	<i>8</i> 0	752	The second secon

¥ Shoreland →	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue	1000 feet of Lake, Por	Pond or Flowage If yes—continue —	Distance Struc	Distance Structure is from Shoreline:	∐ Yes X No	□ No
☐ Non-Shoreland							
Value at Time of Completion * include donated time &	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	be of γy System operty?	Water
material	A Blow Construction	1-Story	Seasonal		☐ Municipal/City		□ City
	☐ Addition/Alteration	☐ 1-Story + Loft	🗴 Year Round	□ 2	☐ (New) Sanitary Specify Type:	Ify Type:	□ Well
\$ シ へ	☐ Conversion	☐ 2-Story		□ 3	☐ Sanitary (Exists) Specify Type:	ify Type:	
21000	☐ Relocate (existing bldg)	☐ Basement		٥	Privy (Pit) or Vaulted (min 200 gallon)	ulted (min 200 gallon)	/Sun C
	☐ Run a Business on	☐ No Basement		None None	☐ Portable (w/service contract	ntract)	
	Property	□ Foundation			Compost Toilet		-
					X. None		
the second secon							
Evicting Structur	Exicting Structure: (if permit being applied for is relevant to it)	or is relevant to it)	Length:		Width:	Height:	
Evioring ou docu	() () () () () () () () () ()		-		Wichh.	Height:	

Proposed Construction:		LOT COLOR		
Proposed Use	۲	Proposed Structure	Dimensions	Footage
		Principal Structure (first structure on property)	×	
		Residence (i.e. cabin, hunting shack, etc.)	×	
		with Loft	X	
X Residential Use		with a Porch	×	
	,,,,,,,	with (2 nd) Porch	×	
		with a Deck	×	
		with (2 nd) Deck	×	
Commercial Use		with Attached Garage	×	
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	×	
		Mobile Home (manufactured date)	×	
]		Addition/Alteration (specify)	× >	
Municipal Use		Accessory Building (specify)	×	
Rec'd for Issuance		Accessory Building Addition/Alteration (specify)		
	. recours			
35 20 20 20 20 20 20 20 20 20 20 20 20 20		Special Use: (explain)	×	
		Conditional Use: (explain)	×	
Saratarial Staff	Νζ	Other: (explain) Walkway To lakt	4 × 751 300	300

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and complete. I (we) acknowledge that I (we) are responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Authorized Agent: 스 (If your 5487

Address to send permit

Owner(s):

(If there are Multiple Owners listed on the Deed All Owners must

idation must accompany this application) Date Date

Attach

Copy of Tax Statement

Fryou recently purchased the property send your Recorded Deed

Hold For TB	distant	Date of Inspection: 12-23-14 Condition(s):Town, Committee or Board Condition	Inspection Record & Requirements	Was Parcel Legally Created Y Yes Was Proposed Building Site Delineated □ Yes	Granted by Variance (B.O.A.) ☐ Yes KNo ☐ Case #:	Lot	Permit #: 14-046S	Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or Mark Proposed Lo NOTICE: All Land Use For The Construction Of New C The k	Intor to the pacement of construction of a structure within ten (LW) feet on the fit other previously surveyed corner or marked by a licensed surveyor at the owner's Prior to the placement or construction of a structure more than ten (10) feet but it one previously surveyed corner to the other previously surveyed corner, or verifial marked by a lineared surveyed.	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting)	Setback from the West Lot Line LOLL Setback from the East Lot Line LOSIN WITH	Setback from the South Lot Line Setback from the South Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	(8) Setbacks: (measured to the closest point)	Show any (*): Show any (*): Show any (*):	(1) Show Location of: Pro (2) Show Location of (*): (*) (3) Show Location of (*): (*) (4) Show: All I
Hold For Affidavit:	ramoval of let except as	ted by: <i>IIII. Futcol</i> I Yes □ No ~(If No they nged to b	Mr well or s	ONO WA	Pr	s (Deed of Record) X No Mitigation Required X No Mitigation Attached	ate:	Sanitary Number: Reason for Denial:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	namum required settback, the boundary line expense. expense. ss than thirty (30) feet from the minimum. ble by the Department by use of a corrected.	WA Feet Setbar	MA Feet	70+ Feet	N/T Feet Setback from Setback from Setback from	rement	point)	Septic Tank (ST); (*) Drain Field (DR River; (*) Stream/Creek; or (*) Pond (s; or (*) Slopes over 20%	(1) Show Location of: Proposed Construction (2) Show Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property
Hold For Fees:	permitted by Sec. 13-1-23	Date of Re-Insp	Zoning District (Lakes Classification (Were Property Lines Represented by Owner X Yes X Yes	(B.O.A.) Case #:	ired □Yes XNO Affidavit Required hed □Yes XNO Affidavit Attached		# DE DECLIDORIS: Jaintaly Date:	Drain field (DF), Holding Tank (HT), Privy (P), ance if Construction or Use has not begun. Required To Enforce The Uniform Dwelling Code. By also require permits.	se from one previou ck must be measun posed site of the si		ea on property	Setback from Wetland	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff		Changes in plans must be approved by the Planning & Zoning Dept.	F); (*) Holding Tank (HT) and/or (*) Privy (P)	e Road)
	1-93 (a)	ection:		I No		□Yes &No			nd <u>Well (</u> W).	e from one previously surveyed corner to the must be measured must be visible from posed site of the structure, or must be	<i>∭A</i> Fee	Yes V No	NA Fee	WA Feet	Measurement	ning & Zoning Dept		

North 1 5.52 Acres 15'wide Priveray woods Trail Vuide Hill

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: BayNeld County
Planning and Zoning Depart.
PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT

Date Shill (Received) 18 2014

Baylield Co. Zoning Dept.

KWENED) Permit #: Refund: Amount Paid:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

Section 31 , Township 47 N, Range 8 W	1/4,1/4 Gov't Lot Lot(s)	PROJECT Legal Description: (Use Tax Statement)	Lovin Wicklund	ication on behalf of Owner(s))	Denny (-1955 715)	XXX Allison Lane		Julie S. Mellum		TYPE OF PERMIT REQUESTED-> X LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
=	CSM Vol & Page	PIN: (23 digits) 04- 034-3-47-4	372-5880	Agent Phone:	746-3272	Fron Riv	City/State/Zip:	5700 York	Mailing Address:	ITARY 🗆 PRIVY	APPLICANT.
Hoor River	Lot(s) No.	PIN: (23 digits) 04-034-3-47-08-21-400-327-500046lume_2		Agent Mailing Address (include City/State/Zip):	T SVI I SVI I	Fron River WI 54847		5700 York Ave S Eding, MN 2641	City/State/Zip:	☐ CONDITIONAL USE	
Lot Size	Block(s) No. Subdivision:	Recorded Docum		clude City/State/Zip):		747		1, MN 2641	p: 55410-		
Acreage 75	son's Hores	Recorded Document: (i.e. Property Ownership) Rolume 533 Page(s) 87	Attached XYes No	Written Authorization		Dimher Phone.	Cell Phone:	303-6218	Telephone: 953	□ B.O.A. □ OTHER	

	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	1 300 feet of River, Strea of Floodplain?	Stream (ind. Intermittent) If yes—continue —>	Distance Struc	Distance Structure is from Shoreline : feet	Is Property in /	Are Wetlands Present?
X Shoreland →	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	1000 feet of Lake, Pond	Pond or Flowage If yescontinue	Distance Struc	Distance Structure is from Shoreline : feet	□ Yes \$\text{\$\text{\$\text{\$\text{\$X\$}}}\text{\$\}\$}}}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	∭ Yes □ No
☐ Non-Shoreland							
Value at Time of Completion * include donated time &	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	oe of Y System Sperty?	Water
	≫ New Construction	□ 1-Story	☐ Seasonal	□ 1	☐ Municipal/City		□ City
ر ا ا	\square Addition/Alteration	☐ 1-Story + Loft	→ Year Round	□ 2	☐ (New) Sanitary Specify Type:	fy Type:	Well
3,000	☐ Conversion	□ 2-Story		□ 3	☐ Sanitary (Exists) Specify Type:	ify Type:	<u>*</u>
, and an	☐ Relocate (existing bldg)	☐ Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Ilted (min 200 gallon)	
	☐ Run a Business on	☐ No Basement		None N	Portable (w/service contract)	ntract)	
	Property	☐ Foundation			☐ Compost Toilet		
					X None	antoning delegant and a second	
					Islier.		
Evicting Structure	Existing Structure: (if normit heing applied for is relevant to it)		Length:		5.	- Congradi	

☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent)

Creek or Landward side of Floodplain?

If yes—continue —▶

Distance Structure is from Shoreline : feet

		Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)	
		Length:	Length:	
	and an analysis of the state of	Width:	Width:	
Square		Height:	Height:	The second secon

200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4	Ċ	Secretarial Staff
(×	Conditional Use: (explain)		
(x)	Special Use: (explain)		5 292
		with the Car	
(x	Accessory Building Addition/Alteration (specify)		Rec'd for Issuance
(x)	Accessory Building (specify)		- Wunicipal Use
(×	Addition/Alteration (specify)		
(x)	Mobile Home (manufactured date)		
(x)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)		***************************************
(x)	with Attached Garage		☐ Commercial Use
(×)	with (2 nd) Deck		
(×	with a Deck		
(x)	with (2 nd) Porch		
×	with a Porch		▼ Residential Use
X	with Loft		•
(×)	Residence (i.e. cabin, hunting shack, etc.)		
(×	Principal Structure (first structure on property)		
Dimensions	Proposed Structure	<	Proposed Use

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

	Address to send permit 40. Box 155, Franki Ver, WI 54847	(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application	Authorized Agent: Some College	(If there are Multiple Owners listed on the Deed All Owners must sign or letters of authorization must accompany this applica	Owner(s):
If you recent	7 4845	company this application)		must accompany this applica	

Date Attach
Copy of Tax Statement V
Operty send your Recorded Deed

If you recently purchased the pr

Feet No

Feet

Feet

Feet

15' wide 7.50 Acres Hill

e

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SUBMIT! COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIEDD COUNTY WIS WO KS IN DATE SHOW (Received)

Date SHOW (Received)

DEC 18 2014

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dep

		Permit #: Date: Amount Paid:	19-29-14 11-646-6
	The second second	Date:	1-80-07
Š		Amount Paid:	\$100 100
		Refund:	

YPE OF PERMIT REQUESTED—►	UESTED- →	X LAND USE	USE SANITARY		W	CONDITIONAL USE	SF	SPECIAL USE	□ B.O.A.	,	OTHER
wner's Name:	S. Mr			Mailing Address:	Aress:	Aur S Eo	Edincy MN	55410-3641		Telephone	Telephone: 753 So3 - 621 C
123	11130/1 /	ONC		City/State/Zip:	zip: 1 River	<u>ک</u> ۲۱	54847			Con	
ontractor:	Glass	T T T T T T T T T T T T T T T T T T T	ij	Contractor Phone: フザムー コラ	FZ ET	Plumber:		*Altegrand		Plumber Phone:	hone:
	on Signing Applicatio	igning Application on behalf of Owner(s))	of Owner(s))	Agent Pro	880	gent Malling Aud	Agent Mailing Address (Include City/State/zlp):	state/21p/		Attached X Yes	Attached X Yes No
	(D)		(Use Tax Statement)	PIN: (23 digits)	PIN: (23 digits) 04- <i>D</i> 34-J-47- <i>O</i>	6-21-4	00-327-1	Recorded Doc	Document	:: (i.e. Propert) Page(s)	cument: (i.e. Property Ownership) Page(s)
1/4,	1/4	Gov't Lot	ot Lot(s)	USW WEST	16. 3.69	Lot(s) No.	Block(s) No.	Subdivision:	าก:		
Section 3	, Township	۲ z	N, Range 🖔	W	Town of:	Niver		Lot Size		Acreage	ا نرز نرز
	☐ Is Property/Land within 300 feet of F	Land within	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) reek or Landward side of Floodplain? If vescontinue	er, Stream	tream (incl. Intermittent)	Distance Structure	ture is from Shoreline:	reline : feet	Is Prop Floodpla	Is Property in loodplain Zone?	Are Wetlands Present?
Shoreland —	Is Property/	Land within	${\mathbb Z}$ Is Property/Land within 1000 feet of Lake,		Pond or Flowage If yescontinue	Distance Structure	ture is from Shoreline :	reline :	Z 🗆	□ Yes ⊠No	⊼Yes □ No
Non-Shoreland						-					
Value at Time of Completion * include donated time &	Project		# of Stories and/or basement	nent -	Use	# of bedrooms	Sew	What Type Sewer/Sanitary Is on the prop	pe of ry System operty?		Water
	New Construction Addition/Alteration	ruction	☐ 1-Story + Loft	_	Seasonal Year Round	□ 1	☐ (New) Sanitary	City tary Specify	ify Type:		☐ City
	Conversion		2-Story			3	☐ Sanitary (Exists) Specify	xists) Specify	cify Type:	Type:	
	☐ Run a Business on Property	ess on	1 1 1	nent		▼ None	☐ Portable (w/service contract) ☐ Compost Toilet	//service co	ntract)		
	- 100 to	- Application of the second			The second secon		None				
xisting Structure: (if permit being applied for is relevant to it) Proposed Construction:	(if permit bein	ng applied for	r is relevant to it		Length:		Width:		I I	Height:	
Proposed Use	•			Pro	Proposed Structure	ď			Dimensions	RS	Square Footage
		Principal S Residence	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	t structure or inting shack,	e on property) ack, etc.)				××		
S Posidontial III	b		with Loft						××	_ _	
E Residellidal Ose	ď		with (2 nd) Porch	orch					×		
			with a Deck	PCK				- -	×	_	1
Commercial Use	se		with Attached Garage	ed Garag	PP	and the second	***************************************		×		
		Bunkhou	Bunkhouse w/ (□ sanitary, or □	γ, <u>or</u> ⊑ s	leeping quarters,	or □ cooking &	& food prep facilities)	es) (< ×	_	
		Addition A	Addition / Alteration (specify)	ured date)	The state of the s				× ;	_ -	
☐ Municipal Use		Accessor	Accessory Building (specify)	(specify)	is the second of	in the second			×		
		Accessor	y Building Add	ition/Alt	Accessory Building Addition/Alteration (specify)			-	_ ×)	
Rec'd for Issuance	G.	Special III	co. (ovolain)	- PA	i de marco	THE PARTY OF THE P		$\frac{1}{2}$	×	_	- PAHALI
	3	Condition	Conditional Use: (explain)			and the second	The state of the s		1 1		
Corrotanal Ctat	X	Other: (explain)_	(plain) <u> </u>	wallkway!	to	CILE			×	No.	38
FAILURE TO OBTAIN A PERMIT DY STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PERMIT DY STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PERMIT DY STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PERMIT DY STARTING FOR THE CONSTRUCTION OF THE CONSTRU	plication (including the detail and accurate relying the detail and accurate relying that any reasonable	FAILURE TO gany accompany racy of all information this information time for the pun	OBTAIN A PERMIT ing information) has t tation I (we) am (are) ion I (we) am (are) pr pose of inspection.	' or STARTIN been examine providing and broviding in or	ig CONSTRUCTION (d by me (us) and to the 4 that it will be relied u with this application. I	WITHOUT A PERMI best of my (our) kno pon by Bayfield Cour (we) consent to cou	T WILL RESULT IN P whedge and belief it is: try in determining whe nty officials charged w	ENALLIES rue, correct an ther to issue a th administerin	id complete. permit. I (we ng county ord	I (we) acknow) further acce linances to ha	SOLT IN PENALTHES belief it is true, correct and complete. I (we) acknowledge that I (we) belief it is true, correct and complete. I (we) further accept flability which mining whether to issue a permit. I (we) further accept flability which charged with administering county ordinances to have access to the

ation must accompany this application)

T 54647

Copy of Tax Statement Copy of Tax Statement of Tax Statement Open Copy of Tax St

Date

Date

Owner(s):

(If there are Multiple Owners listed or

the Deed All Owners must sign

tter(s)

of adiaborization must accompany this application)

Authorized Agent:

Address to send permit

fare signing on behalf of the o

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a letter of authorizate

Permit #: Issuance Information (County Use Only) Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Granted by Variance (B.O.A.) Permit Denied (Date): Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Setback from the East Lot Line Jasement Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Setback to Drain Field Setback to Septic Tank or Holding Tank Please complete (1) - (7) above (prior to continuing) Date of Inspection: Mets of Was Proposed OLD FOR SWINNING etion Record: 10 11 11 11 11 to Privy (Portable, Composting)
placement or construction of a structure within ten (10) feet of t
pusty surveyed corner or marked by a licensed surveyor at the ow (2) (3) (4) (5) (6) (7) Was Parcel Legally Created sed Building Site Delineated (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Show any (*): Show any (*): Setbacks: (measured to the closest point) Show: Show: **Show Location of:** Show / Indicate: Show Location of (*): NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits. Description Draw or Sketch your Property (regardless of what you are applying for) mula. No well Case #: ☐ Yes (Deed of Record)
☐ Yes (Fused/Contiguous Lot(s))
☐ Yes レッドく MANAGEMENT MYes □ No □Yes □ No (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% Proposed Construction North (N) on Plot Plan Sanitary Number: Permit Date: Reason for Denial: Measurement +00 \$ **3** attachmen Hold For Affidavit んが、ひ N X Feet Feet Feet Feet Feet Feet Feet 名を e same Fina □ Yes 寅 No Previously Granted by Variance (B.O.A.) Mitigation Required Mitigation Attached 1 Setback from Wetland
20% Slope Area on property
Elevation of Floodplain idary line from which the setback must be measured must be visible from one previously surveyed corner to the Were Property Lines Represented by Owner
Was Property Surveyed Setback to Well Setback from the River, Stream, Creek
Setback from the Bank or Bluff Setback from the Lake (ordinary high-water es promi Changes in plans must be approved by the Planning & Zoning Dept. A See # of bedrooms: Hold For Fees; 🔝 □ Yes Description My Sec. ation from the OHWM Case #: Affidavit Required Affidavit Attached Zoning District Sanitary Date: Date of Re-In 134-2369. Helder Za □Y_{SS} □ Measurement □ Yes N X No o Feet

Feet

Feet

Feet

North. Lane hot 1 15'wide Driversy 4,48 Acres Allison 4,73 Adles 15 wise Hill 41 Trail to UK) Turn Luword H'trati/Tonn Aroud Millicent